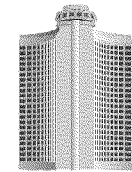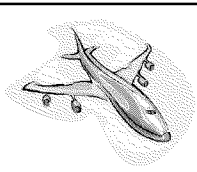# REQUEST FOR TRAVEL AUTHORIZATION

Description of Options in the 'Select an Option' list: **EXIT WITHOUT SAVING:** Closes the form without saving any changes that may have been made to the form. **SAVE AND EXIT:** Saves the form data as a 'Draft' version and returns to the list of forms. The form is then listed under the draft link. **SAVE:** Saves the form data and returns you to the form to continue editing. **SUBMIT:** Submits the form with data to the workflow process. The form is listed under the submitted link. **EMAIL ME A COPY:** Emails a PDF version of the form to you. **ADD ATTACHMENTS/VIEW ATTACHMENTS:** User can add or view attachments associated with the form. **APPROVE:** Saves the form and marks that you approved it and then you are able to move the form to the next reviewer. **DISAPPROVE:** Saves the form and marks that you disapproved it. **REROUTE:** Reroutes the form to another reviewer without approving the form. The form stays at the same review level. **COMPLETE:** Saves the form and marks it complete. Ends (or completes) the workflow process and changes the forms status to complete.

TRAVELER	Tom Mahler	**DATE OF REQUEST** 12/19/16
DATE(s) OF TRAVEL	DEPART: (date & military time) 12/26/16 08:00	RETURN: (date & military time) 12/30/16 5:00 pm
DESTINATION (S)	St. Louis, MO	
PURPOSE OF TRIP/ MEETING INFO.	To conduct a Pre-CERCLIS screening at a small number of residences in the Spanish Villiage subdivision of Bridgeton, MO.	

MODE(s) OF TRAVEL: POV ____ GOV _X_ RENTAL CAR ____ FLIGHT ____ MOTORCYCLE ____
(check applicable) Please check here if you need reservations made for you. ____

Rental Car/Other	Justification for use of Rental Car:	
	Pick up date: _____ Return date: _____	Other Mode Info: _____ Confirmation #: _____

Hotel Reservations Guaranteed late arrival	HOTEL NAME Holiday Inn Airport West Earth City	
	ADDRESS 3400 Rider Trail South	
	CITY: St. Louis STATE: MO ZIP: 63045	
	PHONE NUMBER 3142916800	
	CONFIRMATION # 64000503	
	RATE/NIGHT $ 100.88	$ tax 57.96
Check in date: 12/26/16	Room Preference (check one) Smoking ____ Non Smoking _X_	No Preference _X_ 2 DBL ____ KING ____ QUEEN ____
Check out date: 12/30/16	Need Reservations Yes ____ No _X_	

Justification for 150 percent hotel		
	Requested Departure Time	
	Requested Arrival Time	
	Requested Return Time	
	Requested Arrival Time	

Justification for use of non-contract carrier:

Special Instructions: **If your travel plans change you are responsible for calling the hotel to cancel the reservation.**

If you are in travel status-please call SATO directly if you need to change your airline reservation. Phone numbers are listed on your airline itinerary.

R7 TOLL FREE VOICE MAIL: 1-800-848-4568

Is the travel site-specific? YES __✕__ NO _____   (If YES, complete section below)

Site-specific travel under Superfund __✕__ , Oil _____, Other _____

	Site Name (20 character text)	Site ID # (4 digits)	Action Code (2 digits)	Operable Unit (2 digits)	Percentage (must total to 100%) (3 digits)
Example	10th Street	07CS	RV	02	100
	Bridgeton Dust	07ZZ	QB	00	100

Traveler signature: *CN=Tom Mahler/OU=R7/O=USEPA/C=US*   Date: *12/19/2016*

If you are the Traveler sign above. Then choose Submit to move the form onto the Supervisor. If you are preparing the form for the Traveler do not sign here – choose Submit, and then check 'Make the next reviewer the author of this form' under 'Prepared Form for Next Reviewer:'

Supervisor :   Date:

If you are the Supervisor sign above. Then choose Approve and route the form to the Budget Approval. Alternatively, choose disapprove to end the workflow.

Budget Information (to be completed by Budget)

FY	Fund Code	Budget Org	PRC	Site Project Code

Budget Approval: Date:

If you are the Budget Approval sign above. Then choose Approve and route the form to the Division Approval if required. Alternatively, choose disapprove to end the workflow.

Division Approval: Date:
(if required)

If you are the Division Approval sign above. Then choose Complete to end/complete the form. Alternatively, choose disapprove to end the workflow.

(WebForms v3.7)

Audit Trail for

Travel Request Form

PDF Name: TravelRequestFormv2.pdf
Form Number: R7TravelReq
Document Identifier: R7TravelReq-16354123439-TM